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23696 2599 11/05/2009

QUALCOMM INCORPORATED
5775 MOREHOUSE DR.
SAN DIEGO, CA 92121

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Carol M. Masciulli (Continued on other side)
Carol M. Masciulli (Signature)
11/28/10 (Date)

APPLICATION NO.	FILING DATE	EXAMINER NAME/ID	AUTHORITY DOCKET NO.	CONFIRMATION NO.
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09/965,187

09/29/2001

Samir S. Soliman

010107

2812

TITLE OF INVENTION: METHOD AND SYSTEM FOR OPTIMIZING SYSTEM ACCESS AND SOFT-HANDOFF PARAMETERS BASED ON LOCATION INFORMATION

APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1510

\$100

\$0

\$1810

02/05/2010

EXAMINER	ART UNIT	CLASS/SUBCLASS
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RAMAKRISHNATH, MELUR

2614

455-442006

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.303).

☐ Change of correspondence address for Change of Correspondence Address form PTO/SB/122 attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 01-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Abdullah Kallab
Kam T. Tam
 1

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.111. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Qualcomm Incorporated

San Diego, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies

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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number *110626* (enclose an extra copy of this form).

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- ☐ Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered assignee, or agent, or the assignee or attorney-in-interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date

Typed or printed name

Registration No.

Kam T. Tam
Kam T. Tam

1/28/10
35,756

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